



COMMONWEALTH OF PENNSYLVANIA  
POLICE ACCIDENT REPORT

XX) REFER TO OVERLAY SHEETS

REPORTABLE ☐ NON - REPORTABLE ☐

PENNDOT USE ONLY

POLICE INFORMATION				ACCIDENT LOCATION			
1. INCIDENT NUMBER				20. COUNTY CODE			
2. AGENCY NAME				21. MUNICIPALITY CODE			
3. STATION/ PRECINCT			4. PATROL ZONE	PRINCIPAL ROADWAY INFORMATION			
5. INVESTIGATOR			BADGE NUMBER	22. ROUTE NO. OR STREET NAME			
6. APPROVED BY			BADGE NUMBER	23. SPEED LIMIT		24. TYPE HIGHWAY	25. ACCESS CONTROL
7. INVESTIGATION DATE			8. ARRIVAL TIME	INTERSECTING ROAD:			
ACCIDENT INFORMATION				26. ROUTE NO. OR STREET NAME			
9. ACCIDENT DATE		10. DAY OF WEEK		27. SPEED LIMIT		28. TYPE HIGHWAY	29. ACCESS CONTROL
11. TIME OF DAY		12. NUMBER OF UNITS		IF NOT AT INTERSECTION:			
13. # KILLED		14. # INJURED		15. PRIV. PROP. ACCIDENT		30. CROSS STREET OR SEGMENT MARKER	
16. DID VEHICLE HAVE TO BE REMOVED FROM THE SCENE?		17. VEHICLE DAMAGE		31. DIRECTION FROM SITE		32. DISTANCE FROM SITE	
UNIT 1		UNIT 2		0 - NONE		FT. MI.	
Y <input type="checkbox"/> N <input type="checkbox"/>		1 - LIGHT		Y <input type="checkbox"/> N <input type="checkbox"/>		33. DISTANCE WAS	
Y <input type="checkbox"/> N <input type="checkbox"/>		2 - MODERATE		UNIT 1		MEASURED <input type="checkbox"/> ESTIMATED <input type="checkbox"/>	
Y <input type="checkbox"/> N <input type="checkbox"/>		3 - SEVERE		UNIT 2		34. CONSTRUCTION ZONE	
18. HAZARDOUS MATERIALS		19. PENNDOT PROPERTY		35. TRAFFIC CONTROL DEVICE		PRINCIPAL INTERSECTING	
Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
UNIT # 1				UNIT # 2			
36. LEGALLY PARKED?		37. REG. PLATE		38. STATE		39. PA TITLE OR OUT-OF-STATE VIN	
Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		40. OWNER	
41. OWNER ADDRESS		42. CITY, STATE & ZIPCODE		43. YEAR		44. MAKE	
45. MODEL - (NOT BODY TYPE)		46. INS.		47. BODY TYPE		48. SPECIAL USAGE	
Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	
49. VEHICLE OWNERSHIP		50. INITIAL IMPACT POINT		51. VEHICLE STATUS		52. TRAVEL SPEED	
53. VEHICLE GRADIENT		54. DRIVER PRESENCE		55. DRIVER CONDITION		56. DRIVER NUMBER	
57. STATE		58. DRIVER NAME		59. DRIVER ADDRESS		60. CITY, STATE & ZIPCODE	
61. SEX		62. DATE OF BIRTH		63. PHONE		64. COMM. VEH. Y <input type="checkbox"/> N <input type="checkbox"/>	
65. DRIVER CLASS		66. CARRIER		67. CARRIER ADDRESS		68. CITY, STATE & ZIPCODE	
69. CITY, STATE & ZIPCODE		70. USDOT #		71. ICC #		72. PUC #	
73. CARGO BODY TYPE		74. GVWR		75. NO. OF AXLES		76. HAZ ARDOUS MATERIALS	
77. RELEASE OF HAZMAT		78. HAZ ARDOUS MATERIALS		79. RELEASE OF HAZMAT		80. HAZ ARDOUS MATERIALS	
Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	

AA-45 (11/95)

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PennDOT - BHSTE



REPORTABLE ☐ NON-REPORTABLE ☐

POLICE INFORMATION			ACCIDENT TIME & LOCATION			
1. INCIDENT NUMBER			9. ACCIDENT DATE		10. DAY OF WEEK	
2. AGENCY NAME			11. TIME OF DAY		12. NUMBER OF UNITS	
3. STATION/ PRECINCT			13. # KILLED		14. # INJURED	
5. INVESTIGATOR			20. COUNTY		15. PRIV. PROP. ACCIDENT Y <input type="checkbox"/> N <input type="checkbox"/>	
6. APPROVED BY			21. MUNICIPALITY		CODE	
UNIT #: - COMPLETE ONLY THE INFORMATION THAT HAS CHANGED SINCE ORIGINAL REPORT						
36. LEGALLY PARKED Y <input type="checkbox"/> N <input type="checkbox"/>			37. REG. PLATE		38. STATE	
39. PA TITLE OR OUT-OF-STATE VIN			58. DRIVER NAME		59. DRIVER ADDRESS	
40. OWNER			60. CITY, STATE & ZIP CODE		61. SEX	
41. OWNER ADDRESS			62. DATE OF BIRTH		63. PHONE	
42. CITY, STATE & ZIP CODE			64. COMM VEH Y <input type="checkbox"/> N <input type="checkbox"/>		65. DRIVER CLASS	
43. YEAR			44. MAKE		66. DRIVER S. S. #	
45. MODEL (NOT BODY TYPE)			46. INSURANCE Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		67. CARRIER	
(47) BODY TYPE			48. SPECIAL USAGE		68. CARRIER ADDRESS	
(50) INITIAL IMPACT POINT			(51) VEHICLE STATUS		69. CITY, STATE & ZIP CODE	
(53) VEHICLE GRADIENT			(54) DRIVER PRESENCE <input type="checkbox"/>		70. USDOT #	
56. DRIVER NUMBER			55. DRIVER CONDITION		ICC #	
			57. STATE		PUC #	
71. RELEASE OF HAZ MAT Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>						
72. VEHICLE CONFIG.						
73. CARGO BODY TYPE						
74. GWR						
75. NO. OF AXLES						
76. HAZ ARDOUS MATERIALS						
77. RELEASE OF HAZ MAT Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>						
78. INVESTIGATION COMPLETE?						
YES <input type="checkbox"/> NO <input type="checkbox"/>						